



**OFFICE OF THE BOARD OF HEALTH**

Town of Arlington

27 Maple Street  
Arlington, Massachusetts 02474

Christine M. Connolly  
Director of Public Health

Tel: 781 316-3170  
Fax: 781 316-3175

**APPLICATION FOR A PERMIT TO HAUL**

The undersigned hereby applies for a license to haul solid waste in the Town of Arlington for the purpose of storage, removal, or transporting of garbage, rubbish, or other offensive substances in accordance with Chapter 111, section 31A and 31B of the General Laws of the Commonwealth of Massachusetts as amended and subject to the rules and regulations of the Board of Health.

Name Under Which Business is Operated: \_\_\_\_\_

Business Address \_\_\_\_\_  
Street city/town zip

Telephone Number \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

**Please attach a list of all facilities in the Town of Arlington from which you collect**

Date \_\_\_\_\_ Signed \_\_\_\_\_